

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22167

1. PLACE OF DEATH

67 County Monroe
Township Southfork
City Sassaparilla (No.)

Registration District No. 3-86
Primary Registration District No. 3784

File No. 3
Registered No. 3
St. Ward)

2. FULL NAME

Miss Kattie Lee Bates

(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1863 8 27</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>9</u>
		DAYS
		<u>12</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>7:30</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington D C</u>		
FATHER	13. NAME <u>Washington B Bates</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>na</u>	
MOTHER	15. MAIDEN NAME <u>Mary G Gamble</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>na</u>	
17. INFORMANT (ADDRESS) <u>Mrs J P Gaddy, Sister</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Southfork Cem</u> DATE <u>June 10 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Winters & Son</u>		
20. FILED <u>June 11 1931</u> <u>Effie Drake</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1930, to June 8, 1931.
I last saw her alive on June 7, 1931. Death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:
Gastric Carcinoma
466
97 46 B
Date of onset 10-15-30

Other contributory causes of importance:
Aortic Sclerosis
24 yrs

Name of operation None Date of na
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W. F. Bates, M. D.
(Address) Center, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MIN 27 1931

